

HIV/AIDS in Guatemala and USAID Involvement

Although Guatemala's HIV/AIDS epidemic is classified as "low-level," HIV/AIDS is a growing problem in this country of 11.5 million people. The Guatemalan Ministry of Public Health (MOPH) reports that current HIV transmission rates are highest in urban areas, and that the epidemic is especially concentrated among 20- to 34-year-olds. In the initial stages of Guatemala's epidemic, which emerged in 1984, the male-to-female HIV infection ratio was 7 to 1; currently, it is 2.5 to 1. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS):

- By the end of 1999, 71,000 adults ages 15 to 49 (1.39 percent of the adult population) were living with HIV/AIDS. (The MOPH estimated in 2001 that only 40,000 Guatemalans were living with HIV/AIDS; 4,086 AIDS cases had been reported to the MOPH as of March 2001);
- By the end of 1999, men accounted for approximately 60 percent of adult HIV/AIDS cases;
- As of 1999, approximately 1,600 children under the age of 15 were infected with HIV;
- An estimated 3,600 adults and children died of AIDS during 1999; and
- As of 1999, 5,200 children had lost their mother or both parents to AIDS since the beginning of the epidemic.

According to UNAIDS, in 1999, 76 percent of reported AIDS cases were due to unprotected heterosexual contact; 17 percent of cases were transmitted via men who have sex with men (MSM); 4.5 percent of cases were acquired through mother-to-child transmission (MTCT); and 2.2 percent of cases were contracted through blood transfusions. It is important to note that homosexual and bisexual transmission are thought to be underreported, and heterosexual transmission overreported.

Sentinel surveillance in antenatal sites indicates that HIV prevalence in pregnant women is less than 1 percent. There is little information on HIV prevalence among sexually transmitted infection (STI) patients and injecting drug users. Prevalence information among commercial sex workers (CSWs) is also limited. However, recent sentinel surveillance studies suggest that HIV prevalence ranges from 2.3 percent among CSWs in Guatemala City, to as high as 10 percent among a smaller number of sex workers in Izabal and El Peten.

NATIONAL RESPONSE

Guatemala's Health Code assigns the MOPH responsibility for evaluating and supervising



HIV/AIDS/STI prevention and control efforts with cooperation from various sectors. A law declaring HIV/AIDS/STIs a problem of “national urgency” designates a sum of 5 million quetzales (about US\$ 640,000) for the national HIV/AIDS/STI program. This law also contains provisions to protect the human rights of people living with HIV/AIDS (PLWHAs), and requires the Ministry of Education to integrate HIV/AIDS/STI information into school curricula, beginning in the fifth grade. In addition, the MOPH—in coordination with the Ministry of Education, the Ministry of the Interior, civil society organizations, international organizations, and UNAIDS—developed the National 1999-2003 STD/HIV/AIDS Strategic Plan to define strategic objectives and priority actions for each participating institution. The Social Development Law approved in 2001 guarantees access to reproductive health information, education, and services, including prevention and treatment of HIV/AIDS.

Specific MOPH activities include:

- Creation of a national unit to provide care for PLWHAs. One of the principal functions of this unit is to initiate MTCT prevention programs that will administer diagnostic tests; standardize diagnostic systems; provide anti-retroviral (ARV) therapy; offer outpatient services; and implement information, education, and communication campaigns.
- Establishment of an HIV/AIDS Epidemiological Analysis Commission to assess the magnitude and patterns of

HIV/AIDS and plan for appropriate prevention and care interventions.

- Creation of a Commission for Access to Antiretroviral and Reactive HIV Drugs to improve the quality and availability of ARVs at the lowest possible cost. The Commission is working with other sectoral institutions, including the Social Security Institute, to increase the availability of ARVs for people living with HIV/AIDS.
- Support for organizations of PLWHAs. These organizations have organized themselves nationally and actively participate in Guatemala’s HIV/AIDS strategic planning process.

USAID SUPPORT

The **U.S. Agency for International Development (USAID)** allocated \$500,000 for HIV/AIDS programming in Guatemala in FY 2001. Under the Mission objective of achieving better health for rural women and children, USAID/Guatemala works to strengthen surveillance systems for HIV/AIDS. It also supports HIV prevention activities, including development of information, education and communication materials; development of training manuals; distribution of condoms; and promotion of AIDS policy dialogue and advocacy.

As the largest Central American regional HIV/AIDS donor, USAID allocated \$3.7 million toward

Key Population, Health, and Socioeconomic Indicators		
Population	11.5 million	U.S. Census Bureau 2001, INE-CELADE
Growth Rate	2.9%	U.S. Census Bureau 2000*, INE-CELADE
Life Expectancy	Males: 61 Females: 67	U.S. Census Bureau 2000*, INE & UNDP
Total Fertility Rate	5.0	U.S. Census Bureau 2000*
Infant Mortality Rate	45 per 1,000 live births	U.S. Census Bureau 2000*, DHS
Maternal Mortality Rate	190 per 100,000 live births	PRB 1998
GNP per capita (US\$)	\$1,734	World Bank 2001, SEGEPLAN
Public health expenditure as % GDP	2.1%	World Bank 1998
Adult Literacy (% of people 15 and above)	Males: 75% Females: 65%	UNESCO 2001, UNDP 2000

* From U.S. Census Bureau 2000 HIV/AIDS country profiles, which include data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO.

regional HIV/AIDS activities in FY 2001. The objectives of the regional program are to:

- Assist in the implementation of appropriate HIV/AIDS policies and strategic plans at the regional and national level;
- Facilitate the implementation of improved prevention and support systems and other services; and
- Continue support for an effective regional condom social marketing effort, focusing on correct and consistent condom use in high-risk populations, and non-traditional condom distribution.

USAID also participates in the UNAIDS Expanded Country Theme Group, which promotes intersectoral collaboration on HIV/AIDS, policy dialogue, information dissemination, and public awareness.

USAID-SUPPORTED NGOS

Through the **Academy for Educational Development (AED)** and **The Futures Group International**, USAID's Central American HIV/AIDS Prevention Project (El Proyecto Acción SIDA de Centroamérica, or PASCA) provides technical assistance on HIV prevention to governments, non-governmental organizations (NGOs), and to the private sector in Panama, Nicaragua, Honduras, El Salvador, and Guatemala. Project activities focus on policy dialogue and NGO strengthening. NGO grants in Guatemala are reaching youth ages 12 to 14 and 15 to 18, house maids, CSWs, female factory workers and military troops.

Through **Population Services International (PSI)**, USAID funds the Pan American Social Marketing Organization (PASMO), active in Guatemala, Costa Rica, El Salvador, Belize, and Nicaragua since 1996. The program creates sustainable and effective condom social marketing programs through partnerships with commercial, public, and non-profit groups. PASMO primarily targets groups at high risk of contracting HIV/AIDS, and sexually active adolescents.

- In July 1998, PSI launched the sale of **VIVE** (Live!) condoms in Guatemala, El Salvador and Nicaragua. More than 8.1 million condoms have been sold throughout the region.

- In June 2000, **Femindom** female condoms were launched in Guatemala and Belize; more than 4,000 have been sold.

OTHER U.S. SUPPORT

With USAID funding, the **Centers for Disease Control and Prevention** is assisting Guatemala's MOPH in establishing a national HIV/AIDS surveillance system. The system will help officials measure the impact of national prevention and mitigation programs on the HIV/AIDS epidemic in Guatemala.

DONOR SUPPORT

Medecins Sans Frontieres (MSF) works to treat and prevent AIDS among children, young people, and adults in both rural and urban settings.

Norway and **Sweden** are providing approximately \$3.6 million over three years to support HIV/AIDS prevention programs among women and youth in Guatemala, Nicaragua, El Salvador, and Honduras.

UNAIDS contributed \$450,000 to national programs in Central America during 1998-99, and is beginning to provide funding for regional HIV/AIDS conferences and a regional mobile populations initiative (also supported by USAID).

CHALLENGES

According to USAID, Guatemala faces the following challenges in maintaining a low prevalence of HIV/AIDS:

- Widespread poverty and a largely rural, hard-to-reach population;
- A population of approximately 5 million Mayans who are socially, politically, and economically isolated due to language barriers and lack of educational and economic opportunities;
- Under-investment in social services and basic rural infrastructure; and
- Few government resources directed to preventing cross-border spread of HIV/AIDS and other infectious diseases.

SELECTED LINKS AND CONTACTS

1. National AIDS Program: Programa Nacional de Prevención y Control del VIH/SIDA, Dirección General de Servicios de Salud, 9a. Avenida 14-65, Zona 1, Guatemala, Guatemala. Tel: (502) 251-6054, Fax: (502) 251-6055
2. UNAIDS Country Office: Dr. Enrique Zelaya, Inter-country Program Advisor for C.A. (ICPA) Oficinas del Fondo de Población de Naciones Unidas (FNUAP/UNFPA), 6a. Av. 20-25, Zona 10, Edificio Plaza Marítima, 8o. nivel, Guatemala, Guatemala. Tel./Fax (502) 366-9299.

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Please direct comments on this profile to: info@synergyaids.com.

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